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Date: April 13, 2005

FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9306

To: Examiner D. Naff  
Group Art Unit 1651, USPTO

From: Mr. Daniel J. Stanger  
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

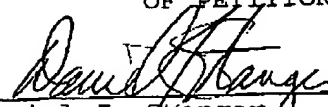
Re: USSN 09/179,188  
Attorney Docket No.: KAS-125

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;  
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PETITION FOR THREE-MONTH EXTENSION OF TIME; AND  
CREDIT CARD FORM INCLUDING \$1,020.00 IN PAYMENT  
OF PETITION FOR THREE-MONTH EXTENSION OF TIME FEE.

April 13, 2005

  
Daniel J. Stanger  
Reg. No. 32,846

Date

Total Number of Pages (including cover sheet): 14

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FORM PTO-1083

PATENT

Case Docket No. KAS-125

In RE application of T. SAKURAI et al  
 Serial No.: 09/179,188

Group Art Unit: 1651

Filed: October 27, 1998

Examiner: D. Naff

For: METHODS AND APPARATUS FOR THE RECOVERY OF NUCLEIC ACIDS

Assistant Commissioner for Patents  
 Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☐ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Percent Extra
Total	- 23	Minus	-- 33	- 0
Indep.	- 3	Minus	--- 5	- 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.  
 \*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.  
 \*\*\* If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.  
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ \_\_\_\_\_.

☒ A check in the amount of \$ 1,020.00 is attached in payment of:  
**CREDIT CARD FORM FOR 3-MONTH EXTENSION OF TIME.**

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.

☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

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Date: April 13, 2005

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